## CERTIFICATE OF FETAL DEATH (STILLBIRTH)

STATE FILE NO.

<del> </del>							REGIE	TRAR'S N		•
04 04	1. PLACE OF F	ETAL DEATH	***************************************		<del></del>	2. USU/	L RESIDENCE OF			MOTHER LIVE?)
ACI OF FETAL	A. COUNTY Gila					A. STATE Arizona B. COUNTY Gila				
AND 4.5	B. CITY OR	·=			IN CITY LIMITS	C. 0	ITY OR TOWN			IN CITY LIMITS
AL RESIDENCE	G1c	be			OUTSIDE CITY LIMITS		Miami			OUTSIDE CITY LIMITS
OF MOTHER	C. FULL N. HOSPITA	00	IF NOT IN HO	OSPITAL OF	R INSTITUTION, GIVE LOCATION)	D. S	TREET ADDRESS		(IF RURAL,	GIVE LOCATION)
12.0	UTITENI		a Gener	ral Ho	ospital		1016 Pros	nect A	lve.	•
2	3. CHILD'S NA	ME		A. (FI		В. (М	DDLE)	C	(LAST)	
THIS CHILD	(TYPE OR PR	TMT)		Ba	aby	]	Воу		Mirele	S
	4. 5EX	5A. THIS E	BIRTH		SB. IF TWIN OR TRI	PLET	6A. DATE OF FETAL	(MONTH)	(DAY) (YEA	R) 6B. HOUR
254	Male		тин 🌠 тян	PLET []	157. ∰ 2אס □ 3R		DELIVERY	Aug	24 19	54 1:05 A: M
EATUED	7. FATHER'S N	AME	A. (F	IRST)	B. (MIDOLE)		C. (LAST)	8. COLOR		9. AGE (AT TIME OF
FATHER 24				Paul			Mireles	White	•	24 Yr's
CHILD	10. USUAL RE	SIDENCE (W	/HERE	FORF	HPLACE (STATE OR IGN COUNTRY)	12A.	USUAL OCCUPAT	ION	12B. KIND	OF BUSINESS OR
	1016 Pros			Arizo	on <b>a</b>	Lai	borer		Copper	Mine
HOTHER D	13. MOTHER'S	MAIDEN NA	ME A. (F	IRST)	B. (MIDDLE)		C. (LAST)	14. CoLo	R OR RACE	15. AGE (AT TIME OF
MOTHER 19	-			oanne	·		Smith	Whit	te	19 Yrs.
CHILD Ì	16. BIRTHPLACE OR FOREIGN	(STATE 1)	7A. USUAL OCCUP	ATION	178. KIND OF BUSI- NESS OR INDUSTRY	18. сн	ILDREN PREVIOUSLY 8			NOT INCLUDE THIS FETUS)
	Kentucky_	He	<u>ousewi</u> :	ſе	TRY Own Home	] A. R	OW MANY CHILDREN NOW LIVING?	REN WE	MANY CHILD- RE BORN A-	C. HOW MANY OTHER CHILDREN WERE BORN
INFORMANT/	19. INPORMAN	IT'S SIGNATU	HE)		ADDRESS	w.	one	DEAD?	T ARE NOW	DEAD AFTER 10 WEEKS PREGNANCY!
INTORMALL!	XIOU		mea	i e	Manie Ulin	<u>/</u> "		None	€	None
71/	20A. LENGTH C PREGNANCY	)F 2	OB. WEIGHT	AT BIRTH	21A. STATE ANY COM	PLICATION	S OF PREG	21B. STA	TE ANY OPER	ATION FOR DELIVERY
MEDICAL 24	PREGNANCY	EEKS	LBS.	AT BIRTH	NANCY AND LA	PLICATION SOR.	S OF PREG	21B. STA	TE ANY OPER	ATION FOR DELIVERY
MEDICAL 24	PREGNANCY	EEKS	LBS.	018.	21A. STATE ANY COM	atu	NULL	21B. STA	TE ANY OPER	ATION FOR DELIVERY
	PREGNANCY	R HAVE A SE	LBS.	018.	NAMES AND TO	OCCUR,	S OF FREG.	<u> </u>	lone	ATION FOR DELIVERY
	PREGNANCY W 22. DID MOTHE TEST FOR YES A DATE	STEGILIST	LBS.		EN DID FETAL DEATH	OCCUR,	rity	<u> </u>	lone	,
IFORMATION DO	PREGNANCY W 22. DID MOTHE TEST FOR	STEGILIST	LBS.		EN DID FETAL DEATH	OCCUR,	rity	<u> </u>	lone	,
	22. DID MOTHE TEST FOR YES LAATE.  I. DIRECT CA UNDERLYIN	USE OF FETA	AL DEATH	018. 23. WHI	EN DID FETAL DEATH	OCCUR,	rity	<u> </u>	lone	,
PROBABLE CAUSE OF	PREGNANCY  W  22. DID MOTHE TEST FOR YES LATE.  I. DIRECT CA  UNDERLYIN TERNAL CON	USE OF FETA	AL DEATH	028. WHI	EN DID FETAL DEATH	OCCUR,	rity	<u> </u>	lone	,
PROBABLE CAUSE OF X DEATH	PREGNANCY  W  22. DID MOTHE TEST FOR  YES DATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABG UNDERLYING	USE OF FETA	AL DEATH FETAL OR NY, GIVING PA) STATING	028. WHI	EN DID FETAL DEATH	OCCUR,	rity	<u> </u>	lone	,
PROBABLE CAUSE OF	PREGNANCY W  22. DID MOTHE TEST FOR YES LATE.  I. DIRECT CA UNDERLYIN TERNAL CON TO THE ABO UNDERLYING UNDERLYING TO THE ABO TO THE	USE OF FETA	AL DEATH FETAL OR NY, GIVING PAY, OTATING TO NO	O28.  23. WHI	NANEY AND LAI EN DID FETAL DEATH  BEFORE L	OCCUR,	rity	<u> </u>	lone	,
PROBABLE CAUSE OF X DEATH	22. DID MOTHE TEST FOR YES LAATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABO UNDERLYING UNDERLYING FETUS OR	USE OF FETA  WE CAUSE (  BUTTON, IF AI  DE CAUSE (  BUTTON, IF AI  OF CAUSE	AL DEATH  FETAL OR  NY, GIVING R  A) STATING  ONDITIONS  RIBUTING TO  CAUSE OF FE	O28.  23. WHI  MA- RISE THE  (CONE ) FETAL DEAT	DUE TO (C)	ABOR	rety DURIN	G LABOR	lone 9	<b>L</b> UNCERTAIN
PROBABLE CAUSE OF X DEATH	PREGNANCY  W  22. DID MOTHE TEST FOR  YES DATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABG UNDERLYING FETUS OR I NOT RELATE	USE OF FETA  WE CAUSE ( COUNTY CAUSE ( COUNTY CAUSE LAST  NIFICANT CO  MOTHER CONT  O TO DIRECT  META A COUNTY COUNTY CAUSE  MOTHER CONT  O TO DIRECT  META A COUNTY COUNTY COUNTY CAUSE  MOTHER CONT  O TO DIRECT  META A COUNTY COUNTY CAUSE  META A COUNTY CAUSE	AL DEATH  FETAL OR NY, GIVING R A) STATING  ONDITIONS	O28.  23. WHI  MA- RISE THE  (CONE ) FETAL DEAT	DUE TO (C)	ABOR	rity	G LABOR	lone	<b>L</b> UNCERTAIN
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	PREGNANCY W  22. DID MOTHE TEST FOR YES LATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABG UNDERLYING FETUS OR I NOT RELATE  I HEREBY CERTI I ATTENDED THI	USE OF FETA  WE CAUSE  WINDITION, IF AIR  OF CAUSE  CAUSE LAST  NIFICANT COMOTHER CONTE  TO TO DIRECT  S DELIV.	AL DEATH  FETAL OR NY, GIVING PA, STATING ONDITIONS RIBUTING TO CAUSE OF FI	MA- RISE THE CONE D FETAL DETAL DETAL DEATI	NAME AND LAI  EN DID FETAL DEATH  BEFORE I  WAR AND LAI  BEFORE I  BEFORE I  COLUMN (A)  DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT  H)  GNATURE  GNATURE  GNATURE	ABOR  PECIFY IF	DURIN  LUTLY  M.D., MIDWIFE, OR	G LABOR	10 NC 1) 25B. DATE 11 / JJ	SIGNED
PROBABLE CAUSE OF X DEATH	PREGNANCY  W  22. DID MOTHE TEST FOR YES ADATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABOUNDERLYING FILE OR I NOT RELATE I HEREBY CERTI I ATTENDED THI ERY AND THE WAS BORN DEAD	USE OF FETA  USE OF FETA  USE OF FETA  OF CAUSE ()  COURSE ()  COU	AL DEATH  FETAL OR NY, GIVING PA, STATING ONDITIONS RIBUTING TO CAUSE OF FI	O28.  23. WHI  MA- RISE THE  (CONE ) FETAL DEAT	NAME AND LAI  EN DID FETAL DEATH  BEFORE L  MAN BEFORE L  BEFORE L	ABOR  LLU  PECIFY IF  LT  LT  LT  LT  LT  LT  LT  LT  LT  L	rety DURIN	G LABOR	10 NC 1) 25B. DATE 11 / JJ	SIGNED
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	PREGNANCY  W  22. DID MOTHE TEST FOR YES LEATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABOUNDERLYING FOR THE ABOUNDERLYING FILL OTHER SIGN FETUS OR INOT RELATE I HEREBY CERTI I ATTEMPED THI ERY AND THE	USE OF FETA  USE OF FETA  USE OF FETA  OF CAUSE ()  COURSE ()  COU	AL DEATH  FETAL OR NY, GIVING PA, STATING ONDITIONS RIBUTING TO CAUSE OF FI	MA- RISE THE  (CONE ) FETAL DE  ETAL DEATH  DANT'S SI	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  DUE TO (SI)  ATTENE BY PHYSI	ABOR  PECIFY IF  OT 26  CIAN	DURIN  LICULLY  M.D., MIDWIFE, OR  LICULUS  M.D., MIDWIFE, OR	G LABOR  OTHER)	LONC  1)  25B. DATE  1//J  OR MEDICAL	SIGNED EXAMINER TITLE
PROBABLE CAUSE OF X DEATH (ITEM 24) 3 95	PREGNANCY W  22. DID MOTHE TEST FOR YES DATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABOUNDERLYING FOUR OR I NOT RELATE I HEREBY CERTI I ATTENDED THI ERY AND THE WAS BORN DEAD DATE STATED A  27A. BURIAL, C	USE OF FETA  USE OF FETA  USE OF FETA  USE OF FETA  OF CAUSE (A)  CAUSE LAST  NIFICANT CONT  OF TO DIRECT  OF THAT  OF T	AL DEATH  FETAL OR NY, GIVING PA, STATING ONDITIONS RIBUTING TO CAUSE OF FI	MA- RISE THE  (CONE ) FETAL DE  ETAL DEATH  DANT'S SI	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  DUE TO (SI)  ATTENE BY PHYSI	ABOR  PECIFY IF  OT 26  CIAN	DURIN  LUTLY  M.D., MIDWIFE, OR	G LABOR  OTHER)	LONC  1)  25B. DATE  1//J  OR MEDICAL	SIGNED EXAMINER TITLE
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	PREGNANCY W  22. DID MOTHE TEST FOR YES DATE.  I. DIRECT CA  UNDERLYIN TERNAL CON TO THE ABOUNDERLYING FOUR OR I NOT RELATE I HEREBY CERTI I ATTENDED THI ERY AND THE WAS BORN DEAD DATE STATED A  27A. BURIAL, C	USE OF FETA  USE OF THE  USE	AL DEATH  FETAL OR NY, GIVING PA) STATING ONDITIONS RIBUTING TO CAUSE OF FI	MA- RISE THE  (CONE ) FETAL DE  ETAL DEATH  DANT'S SI	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  CO, NAME OF GEMETERY (MATORY)	ABOR  PECIFY IF  OT 26  CIAN  OR CRE.	M.D., MIDWIFE, OR	G LABOR  OTHER)  CORONER C	DOTE	SIGNED EXAMINER TITLE
PROBABLE CAUSE OF X DEATH (ITEM 24) 3 95 PROBABLE CAUSE OF X DEATH (ITEM 24) 3 95 PROBABLE MARKET STATE OF THE PROBABLE MARKET STATE	PREGNANCY  W  22. DID MOTHE  TEST FOR  YES LEATE.  I. DIRECT CA  UNDERLYIN  TERNAL CON TO THE ASC UNDERLYING  FIL. OTHER SIGN FETUS OR INOT RELATE  I HEREBY CERTI I ATTEMBED THI ERY AND THE WAS BORN DEAD DAYE STATED A  27A. BURIAL, C  BUTIAL  28A. DATE REC	USE OF FETA  NG CAUSE ( IDITION, IF AI DIVE CAUSE (AST  NIFICANT CO MOTHER CONT  O TO DIRECT  FY THAT  S DELIV-  FETUS OON THE BOVE.  REMATION. 2 (SPECIFY)  AT  TO BY LO- 2	AL DEATH  FETAL OR NY, GIVING PA, STATING CAUSE OF FETAL OR NY, GIVING PA, STATING TO CAUSE OF FETAL OR NY, GIVING PA, STATIENE CAUSE OF THE CAUSE	MA- RISE THE  CONE DETAIL DEATH  DANT'S SI  DANT'S A  27	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  GNATURE  CC. NAME OF CEMETERY COMMATCHY  4 Pinal Come	ABOR  PECIFY IF  OT 26  CIAN  OR CRE.	DURIN  LICULLY  M.D., MIDWIFE, OR  LICULUS  M.D., MIDWIFE, OR	G LABOR  OTHER)	DOTE	SIGNED EXAMINER TITLE
PROBABLE CAUSE OF X DEATH (ITEM 24) 3 9 5 EXTIFICATION STUNERAL 7 DIRECTOR 7	PREGNANCY  W  22. DID MOTHE TEST FOR  YES LATE.  I. DIRECT CA  UNDERLYIN TERNAL COM TO THE ABOUNDERLYING FILL OTHER SIGN FETUS OR I NOT RELATE  I HEREBY CERTI I ATTEMBED THIS ERY AND THE WAS BORN DEAD DAYE STATED A  27A. BURIAL, C REMOVAL BUT 1 A 1	USE OF FET.  USE OF FET.  USE OF FET.  USE OF GAUSE (AUSTRIAN OF CAUSE LAST OF CAUSE L	AL DEATH  FETAL OR NY, GIVING PA, STATING CAUSE OF FETAL OR NY, GIVING PA, STATING TO CAUSE OF FETAL OR NY, GIVING PA, STATIENE CAUSE OF THE CAUSE	MA- RISE THE  CONE DETAIL DEATH  DANT'S SI  DANT'S A  27	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  GNATURE  CC. NAME OF CEMETERY COMMATCHY  4 Pinal Come	ABOR  PECIFY IF  OT 26  CIAN  OR CRE.	Miami	G LABOR  OTHER)  CORONER C	DOTE	SIGNED EXAMINER TITLE